



PTO/SB/17 (01-03)
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FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known																																																																																																																																																																					
<div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div>TOTAL AMOUNT OF PAYMENT (\$) 110.00</div>		Application Number	10/034,250																																																																																																																																																																				
		Filing Date	January 3, 2002																																																																																																																																																																				
		First Named Inventor	Kevin Kroupa																																																																																																																																																																				
		Examiner Name	G. Walton																																																																																																																																																																				
		Group Art Unit	3753																																																																																																																																																																				
		Attorney Docket No.	A3648.0012/P333-A																																																																																																																																																																				
METHOD OF PAYMENT (check all that apply)																																																																																																																																																																							
<div><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div> <div><input type="checkbox"/> Deposit Account</div> <div>Deposit Account Number: 04-1073</div> <div>Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP</div> <div>The Commissioner is hereby authorized to: (check all that apply)</div> <div><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</div> <div><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div> <div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>																																																																																																																																																																							
FEE CALCULATION		FEE CALCULATION (continued)																																																																																																																																																																					
1. BASIC FILING FEE		3. ADDITIONAL FEES																																																																																																																																																																					
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<div>Total Claims: 23 -25** = 0 x 0.00 = 0.00</div> <div>Independent Claims: 5 -5** = 0 x 0.00 = 0.00</div> <div>Multiple Dependent: 0 x 0.00 = 0.00</div>																																																																																																																																																																							
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Name (Print/Type) Gabriela Coman		Registration No. (Attorney/Agent) 50,515	Complete (if applicable)																																																																																																																																																																				
Signature		Telephone (202) 775-4706	Date April 3, 2003																																																																																																																																																																				

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3753
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AMENDMENT TRANSMITTAL LETTER			Docket No. A3648.0012/P333-A	
Application No. 10/034,250	Filing Date January 3, 2002	Examiner G. Walton	Art Unit 3753	
Applicant(s): Kevin Kroupa, et al				
Invention: SURGE PREVENTION DEVICE				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	23	- 25 =	x	0.00
Independent Claims	5	- 5 =	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month				110.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				110.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
_____ Gabriela Coman Attorney Reg. No.: 50,515 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4706			Dated: <u>April 3, 2003</u>	

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